

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, DC 20549

### FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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OMB APPRO	VAL
OMB Number:	3235-0076
OMB Number: Expires:	3235-0076 May 31, 2005



V										
Name of Offering: ( check if this is an amendment and name has changed, and indicate change.)										
Subordinated Debt Offering										
Filing Under (Check box(es) that apply): Rule 504	Rule 50	)5 🛛 Rule 506	Section 4(6)	☐ ULOE						
Type of Filing: New Filing   Amendment										
A. BASIC	IDENTIFIC	ATION DATA								
Enter the information requested about the issuer										
Name of Issuer ( check if this is an amendment and name h	nas changed,	and indicate chang	ge.)							
Devron Renewable Energies, LLC										
Address of Executive Offices (Number an	d Street, City	, State, Zip Code)	Telephone Number	(Including Area Code)						
P.O. Box 683, Blair, Nebraska 68008			(314) 863-6666							
Address of Principal Business Operations (Number an	d Street, Cit	, State, Zip Code)	西西外州社区也也	Hecluding Area Code)						
(if different from Executive Offices)			ITIOULOGE	<u>U</u>						
Brief Description of Business			14 N; () 2 0000	6						
Development and operation of bio-refinery facilities prima	arily in the l	Aidwest.	JAN 0 3 2006	$\mathcal{F}$						
Type of Business Organization			THOMSON							
	nership, alre	ady formed 🛛 🛚	other <b>(FIMANGHAI</b> L): I	imited liability company						
☐ business trust ☐ limited part	nership, to b	e formed								
Actual or Estimated Date of Incorporation or Organization:	Month	Year		☐ Estimated						
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*		<u> </u>								
Juriediction of Incorporation or Organization: (Enter two-lette	r II S Posta	Service abbreviati	ion for State							
Jurisdiction of Incorporation or Organization: (Enter two-lette				<del></del>						
		Service abbreviati er foreign jurisdic		ΕΕ						

#### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been, made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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| A. BASIC IDENTIFICATION DATA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| 2. Enter the information requested for the following:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <ul> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> <li>Each general and managing partner of partnership issuers.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| Full Name (Last name first, if individual)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Slonim, Robert                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Business or Residence Address (Number and Street, City, State, Zip Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 231 S. Bemiston, Suite 800, St. Louis, Missouri 63105                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| Svejda, Terry                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| P.O. Box 683, Blair, Nebraska 68008                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| Full Name (Last name first, if individual)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| ·Ivest, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/of Managing Parties                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| Central States Marketing Group, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| Full Name (Last name first, if individual)                                                         |               |
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| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Mana | ging Partner  |
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| Pull Name / Lord name Cond. (Sin Jinidan)                                                          |               |
| Full Name (Last name first, if individual)                                                         |               |
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|                                                                                                    | <del> </del>  |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Mar  | aging Partner |
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| Full Name (Last name first, if individual)                                                         |               |
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|                                                                                                                                                                                                                                                        |               |                 |                | D. IIV                     | CORNIA       | HON AL     | out of      | FERING        | <u>.</u>    |              |               | Yes                                        | No            |
| 1 114                                                                                                                                                                                                                                                  | . :           | الاحجاد الاحجاد | he issuer inte | and to call                | to non a     | anaditad   | inuactore   | in thic off   | `a=?        |              |               |                                            | ⊠             |
| 1. Has the                                                                                                                                                                                                                                             |               |                 | in Appendi     |                            |              |            |             | III IIIIS OII | CI :        |              | ************* | ப                                          |               |
|                                                                                                                                                                                                                                                        | А             | iliswei also    | ш Арренал      | x, Colullin                | 2, 11 111111 | g under e  | LOL.        |               |             | -            |               |                                            |               |
| 2 What is                                                                                                                                                                                                                                              | the minim     | um investr      | nent that wil  | Lhe accep                  | ted from a   | ny indivi  | dual?       |               |             |              |               | \$1,000                                    | 0.000         |
| 2. Wilde is                                                                                                                                                                                                                                            |               | 14111 1117054   |                | . <b>00</b> a <b>00</b> 0p |              |            |             |               |             |              |               |                                            | ,,,,,,        |
|                                                                                                                                                                                                                                                        |               |                 |                |                            |              |            |             |               |             |              |               | Yes                                        | No            |
| 3. Does th                                                                                                                                                                                                                                             | ne offering   | permit join     | t ownership    | of a single                | unit?        |            |             |               |             |              |               | 🖾                                          |               |
| 3. Does the offering permit joint ownership of a single unit?                                                                                                                                                                                          |               |                 |                |                            |              |            |             |               |             |              |               |                                            |               |
| 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any                                                                                                                                  |               |                 |                |                            |              |            |             |               |             |              |               | ıy                                         |               |
| commi                                                                                                                                                                                                                                                  | ssion or si   | milar remu      | neration for   | solicitation               | of nurch     | asers in c | connection  | n with sale   | es of secur | rities in th | ne offerin    | g.                                         |               |
| commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering.  If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state |               |                 |                |                            |              |            |             |               |             |              |               | te                                         |               |
| or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such                                                                                                                            |               |                 |                |                            |              |            |             |               |             |              |               | h                                          |               |
| a broke                                                                                                                                                                                                                                                | er or dealer  | , you may s     | set forth the  | informatio                 | n for that   | broker or  | dealer or   | ıly.          |             |              |               |                                            |               |
|                                                                                                                                                                                                                                                        |               |                 |                |                            |              |            |             |               |             |              |               |                                            |               |
| Full Name                                                                                                                                                                                                                                              | (Last nam     | e first, if in  | dividual)      |                            |              |            |             |               |             |              |               |                                            |               |
| N/A                                                                                                                                                                                                                                                    |               |                 |                |                            |              |            |             |               |             |              |               |                                            |               |
|                                                                                                                                                                                                                                                        | or Residenc   | e Address       | (Number and    | d Street C                 | ity State    | Zin Code   | :)          |               |             |              |               |                                            |               |
| Dusiness                                                                                                                                                                                                                                               | J. 1003100110 | oc i lodi ess   | (Trainibor and |                            | ,,,          | Lip cour   | -)          |               |             |              |               |                                            |               |
| C.                                                                                                                                                                                                                                                     |               | D 1 F           |                |                            | <del></del>  |            | _           |               |             |              |               |                                            |               |
| Name of A                                                                                                                                                                                                                                              | Associated    | Broker or I     | Jealer         |                            |              |            |             |               |             |              |               |                                            |               |
|                                                                                                                                                                                                                                                        |               |                 |                |                            |              |            |             |               |             |              |               |                                            |               |
| States in V                                                                                                                                                                                                                                            | Which Pers    | on Listed F     | las Solicited  | or Intends                 | to Solici    | t Purchase | ers         |               |             |              |               |                                            |               |
| (Check                                                                                                                                                                                                                                                 | c "All State  | s" or check     | individual (   | States)                    |              |            |             |               |             | ,            |               | …∐ All Sta                                 | tes           |
| [AL]                                                                                                                                                                                                                                                   | [AK]          | [AZ]            | [AR]           | [CA]                       | [CO]         | [CT]       | [DE]        | [DC]          | [FL]        | [GA]         | [HI]          | [ID]                                       |               |
| [IL]                                                                                                                                                                                                                                                   | [IN]          | [IA]            | [KS]           | [KY]                       | [LA]         | [ME]       | [MD]        | [MA]          | [MI]        | [MN]         | [MS]          | [MO]                                       |               |
|                                                                                                                                                                                                                                                        |               |                 |                |                            | [NM]         | [NY]       | [NC]        | [ND]          | [OH]        | [OK]         | [OR]          | [PA]                                       |               |
| [MT]                                                                                                                                                                                                                                                   | [NE]          | [NV]            | [NH]           | [NJ]                       |              |            |             |               |             |              |               |                                            |               |
| [RI]                                                                                                                                                                                                                                                   | [SC]          | [SD]            | [TN]           | [TX]                       | [UT]         | [VT]       | [VA]        | [WA]          | [WV]        | [WI]         | [WY]          | [PR]                                       |               |
| Full Name                                                                                                                                                                                                                                              | (Last nam     | e first, if in  | dividual)      |                            |              |            |             |               |             |              |               |                                            |               |
|                                                                                                                                                                                                                                                        |               |                 |                |                            |              |            |             |               |             |              |               |                                            |               |
| Business of                                                                                                                                                                                                                                            | or Residence  | e Address       | (Number and    | d Street, C                | ity, State,  | Zip Code   | e)          |               |             |              |               |                                            |               |
|                                                                                                                                                                                                                                                        |               |                 | •              |                            |              | •          | •           |               |             |              |               |                                            |               |
| Name of A                                                                                                                                                                                                                                              | Associated    | Broker or I     | Dealer         |                            | ·            |            |             |               |             |              |               | · :                                        |               |
| Name of A                                                                                                                                                                                                                                              | 1330014104    | DIORCI OI I     | Jearci         |                            |              |            |             |               |             |              |               |                                            |               |
|                                                                                                                                                                                                                                                        |               |                 |                |                            |              |            |             |               |             |              |               |                                            |               |
|                                                                                                                                                                                                                                                        |               |                 | las Solicited  |                            |              |            |             |               |             |              |               |                                            |               |
| (Check                                                                                                                                                                                                                                                 | c "All State  | s" or check     | individual     | States)                    |              | ••••••     |             |               |             |              |               | □ All Sta                                  | tes           |
| [AL]                                                                                                                                                                                                                                                   | [AK]          | [AZ]            | [AR]           | [CA]                       | [CO]         | [CT]       | (DE)        | [DC]          | [FL]        | [GA]         | [HI]          | [ID]                                       |               |
| [IL]                                                                                                                                                                                                                                                   | [IN]          | [IA]            | [KS]           | [KY]                       | [LA]         | [ME]       | [MD]        | [MA]          | [MI]        | [MN]         | [MS]          | [MO]                                       |               |
| [MT]                                                                                                                                                                                                                                                   | [NE]          | [NV]            | [NH]           | [NJ]                       | [NM]         | [NY]       | [NC]        | [ND]          | [OH]        | [OK]         | [OR]          | [PA]                                       |               |
| [RI]                                                                                                                                                                                                                                                   | [SC]          | [SD]            | [TN]           | [TX]                       | [עדי]        | [VT]       | [VA]        | [WA]          | [WV]        | [WI]         | [WY]          | [PR]                                       |               |
|                                                                                                                                                                                                                                                        |               |                 |                | ( J                        | t J          |            |             | <u> </u>      |             |              |               | • •                                        |               |
| ruii Name                                                                                                                                                                                                                                              | (Last nam     | e first, if in  | iaiviauai)     |                            |              |            |             |               | •           |              |               |                                            |               |
| <u> </u>                                                                                                                                                                                                                                               |               |                 | <u> </u>       | 10: -                      |              | ~: ~       | <del></del> | <del></del>   |             |              |               |                                            | <del></del> . |
| Business of                                                                                                                                                                                                                                            | or Residenc   | e Address       | (Number an     | d Street, C                | ity, State,  | Zip Code   | e)          |               |             |              |               |                                            |               |
|                                                                                                                                                                                                                                                        |               |                 |                |                            |              |            |             |               |             |              |               |                                            |               |
| Name of A                                                                                                                                                                                                                                              | Associated    | Broker or I     | Dealer         |                            |              |            |             |               |             |              |               |                                            |               |
|                                                                                                                                                                                                                                                        |               |                 |                |                            |              |            |             |               |             |              |               |                                            |               |
| States in V                                                                                                                                                                                                                                            | Which Pers    | on Listed F     | las Solicited  | or Intende                 | to Solici    | t Purchase | ers         |               |             |              |               |                                            |               |
|                                                                                                                                                                                                                                                        |               |                 | c individual   |                            |              |            |             |               |             |              |               | 🔲 All Sta                                  | tes           |
| •                                                                                                                                                                                                                                                      |               |                 |                | •                          |              |            |             |               |             |              |               | <u>                                   </u> |               |
| [AL]                                                                                                                                                                                                                                                   | [AK]          | [AZ]            | [AR]           | [CA]                       | [CO]         | [CT]       | [DE]        | [DC]          | [FL]        | [GA]         | [HI]          |                                            |               |
| [IL]                                                                                                                                                                                                                                                   | [IN]          | [IA]            | [KS]           | [KY]                       | [LA]         | [ME]       | [MD]        | [MA]          | [MI]        | [MN]         | [MS]          | [MO]                                       |               |
| [MT]                                                                                                                                                                                                                                                   | [NE]          | [NV]            | [NH]           | [1/1]                      | [NM]         | [NY]       | [NC]        | [ND]          | [OH]        | [OK]         | [OR]          | [PA]                                       |               |
| [RI] →                                                                                                                                                                                                                                                 | [SC]          | (SD)            | [TN]           | [TX]                       | [UT]         | [VT]       | [VA]        | [WA]          | [WV]        | [WI]         | [WY]          | [PR]                                       |               |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

|    | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE                                                                                                                                                                                                                                                                                                                                                     | OF FROCE            | EDS         |           |                            | _ |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------|-----------|----------------------------|---|
| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.                                                                   |                     |             | •         |                            |   |
|    | overlange and arroady overlanges.                                                                                                                                                                                                                                                                                                                                                                            | Aggrega             | te          | Am        | ount Already               |   |
|    | Type of Security                                                                                                                                                                                                                                                                                                                                                                                             | Offering P          |             |           | Sold                       |   |
|    | Debt                                                                                                                                                                                                                                                                                                                                                                                                         | \$ <u>48,000,00</u> | 0           | \$        | -0-                        | _ |
|    | Equity                                                                                                                                                                                                                                                                                                                                                                                                       | \$ <u>-0-</u>       |             | \$        | -0-                        | _ |
|    | ☐ Common ☐ Preferred                                                                                                                                                                                                                                                                                                                                                                                         |                     |             |           | -                          |   |
|    | Convertible Securities (including warrants)                                                                                                                                                                                                                                                                                                                                                                  | \$ <u>-0-</u>       |             | \$        | -0-                        | _ |
|    | Partnership Interests                                                                                                                                                                                                                                                                                                                                                                                        | \$                  | <del></del> | \$        | -0-                        | - |
|    | Other ( )                                                                                                                                                                                                                                                                                                                                                                                                    | \$ <u>-0-</u>       |             | \$        | -0-                        |   |
|    | Total                                                                                                                                                                                                                                                                                                                                                                                                        | \$ 48,000,00        | 0           | \$        | -0-                        |   |
|    | Answer also in Appendix, Column 3, if filing under ULOE.                                                                                                                                                                                                                                                                                                                                                     |                     |             |           |                            |   |
|    | Allower also in Appendix, Column 3, it thing allow CDOD.                                                                                                                                                                                                                                                                                                                                                     |                     |             |           |                            |   |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."                                   |                     |             |           |                            |   |
|    | ·                                                                                                                                                                                                                                                                                                                                                                                                            |                     | _           |           | Aggregate                  |   |
|    |                                                                                                                                                                                                                                                                                                                                                                                                              | Number<br>Investor  |             |           | Ilar Amount<br>f Purchases |   |
|    | Accredited Investors                                                                                                                                                                                                                                                                                                                                                                                         | 0                   |             | \$        | -0-                        |   |
|    | Non-accredited Investors                                                                                                                                                                                                                                                                                                                                                                                     | 0                   |             | \$        | -0-                        | • |
|    | Total (for filings under Rule 504 only)                                                                                                                                                                                                                                                                                                                                                                      | N/A                 |             | <b>s</b>  | N/A                        | • |
|    | Answer also in Appendix, Column 4, if filing under ULOE.                                                                                                                                                                                                                                                                                                                                                     |                     |             | -         |                            | • |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.                                                                                   | Туре о              | f           | Do        | ollar Amount               |   |
|    | Type of Offering                                                                                                                                                                                                                                                                                                                                                                                             | Securit             |             |           | Sold                       |   |
|    | 1)   01   01   01   01   01   01   01                                                                                                                                                                                                                                                                                                                                                                        |                     |             |           |                            |   |
|    | Rule 505                                                                                                                                                                                                                                                                                                                                                                                                     | N/A                 |             | <b>\$</b> | <u>-0-</u>                 | - |
|    | Regulation A                                                                                                                                                                                                                                                                                                                                                                                                 | N/A                 |             | \$_       | -0-                        | - |
|    | Rule 504                                                                                                                                                                                                                                                                                                                                                                                                     | N/A                 |             | \$        | <u>-0-</u>                 | - |
|    | Total                                                                                                                                                                                                                                                                                                                                                                                                        | N/A                 | <del></del> | \$        | -0-                        | - |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees |                     |             | \$        | -0-                        | _ |
|    | Printing and Engraving Costs                                                                                                                                                                                                                                                                                                                                                                                 |                     | Ø           |           | 0,000                      |   |
|    | Legal Fees                                                                                                                                                                                                                                                                                                                                                                                                   |                     |             |           | 4,000                      | _ |
|    | Accounting Fees.                                                                                                                                                                                                                                                                                                                                                                                             |                     |             | \$        | 0-                         | _ |
|    | Engineering Fees                                                                                                                                                                                                                                                                                                                                                                                             |                     |             | \$        | -0-                        | _ |
|    | Sales Commissions (specify finders' fees separately)                                                                                                                                                                                                                                                                                                                                                         |                     |             | \$        | -0-                        | - |
|    | Other Expenses (Blue Sky Filing Fees)                                                                                                                                                                                                                                                                                                                                                                        |                     | ☒           | \$        | 1,000                      | - |
|    | Total                                                                                                                                                                                                                                                                                                                                                                                                        |                     | ⊠<br>⊠      |           | 35,000                     | • |

| b. Enter the difference between the aggregate offering price given in response to Part C – Question I and total expenses furnished in response to Part C – Question 4.a. This difference is the "adjusted gross proceeds to the issuer."  \$ 47,965,000  \$ 47,965,000  \$ 47,965,000  \$ 47,965,000  \$ 47,965,000  \$ 47,965,000  \$ 47,965,000  \$ 47,965,000  \$ 47,965,000  \$ 47,965,000  \$ 47,965,000  \$ 47,965,000  \$ 47,965,000  \$ 47,965,000  \$ 47,965,000  \$ 47,965,000  \$ 47,965,000  \$ 47,965,000  \$ 47,965,000  \$ 47,965,000  \$ 47,965,000  \$ 47,965,000  \$ 47,965,000  \$ 47,965,000  \$ 47,965,000  \$ 47,965,000  \$ 47,965,000  \$ 47,965,000  \$ 47,965,000  \$ 47,965,000  \$ 47,965,000  \$ 47,965,000  \$ 47,965,000  \$ 47,965,000  \$ 47,965,000  \$ 47,965,000  \$ 47,965,000  \$ 47,965,000  \$ 47,965,000  \$ 47,965,000  \$ 47,965,000  \$ 47,965,000  \$ 47,965,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    | C. OFFERING, PRICE, NUMBER OF INVESTORS, EXPENSES AND USE                                                                                                                                                                                                                                   | OF PR         | COCEEDS              |                      |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------|----------------------|-----------|
| used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b. above.  Payments to Officers, Directors & Affiliates  Salaries and fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    | Ouestion 1 and total expenses furnished in response to Part C – Question 4.a. This difference is                                                                                                                                                                                            |               |                      | \$ 47,96             | 55,000    |
| Payments to Officers, Directors & Payments to Officers, Directors & Affiliates  Salaries and fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ١. | used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part $C$ – Question 4.b. |               |                      |                      |           |
| Purchase of real estate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    | *                                                                                                                                                                                                                                                                                           | Ó:<br>Dire    | fficers,<br>ectors & | -                    |           |
| Purchase, rental or leasing and installation of machinery and equipment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    | Salaries and fees                                                                                                                                                                                                                                                                           | □ \$_         | -0-                  | □ <b>\$</b> _        | -0-       |
| Construction or leasing of plant buildings and facilities \$\ \text{-0-} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |    | Purchase of real estate                                                                                                                                                                                                                                                                     | □ \$          | -0-                  | □ \$_                | -0        |
| Construction or leasing of plant buildings and facilities \$\ \text{-0-} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |    | Purchase rental or leasing and installation of machinery and equipment                                                                                                                                                                                                                      | □ \$          | -0-                  | □ \$                 | -0-       |
| Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange of the assets or securities of another issuer pursuant to a merger)  Repayment of indebtedness  Working capital  Other (specify)  Solution  Solu |    |                                                                                                                                                                                                                                                                                             | _ s           | -0-                  | □ \$ <u></u>         | -0-       |
| Repayment of indebtedness       □ \$0-       □ \$0-         Working capital       □ \$0-       □ \$0-         Other (specify)       □ \$0-       □ \$0-         □ \$0-       □ \$0-       □ \$0-         □ \$0-       □ \$0-       □ \$0-         □ \$0-       □ \$0-       □ \$0-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    | Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange of the assets or securities of                                                                                                                                    |               |                      |                      | _         |
| Working capital       □       \$ 47,965,00         Other (specify)       □       \$ -0-       □       \$ -0-         □       \$ -0-       □       \$ -0-       □       \$ -0-         □       \$ -0-       □       \$ -0-       □       \$ -0-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |    |                                                                                                                                                                                                                                                                                             | □ \$_         | 0                    | _ <b>□ \$</b> _      |           |
| Other (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    | • •                                                                                                                                                                                                                                                                                         | □ \$_         | -0-                  | □ \$_                | 0-        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    | - ·                                                                                                                                                                                                                                                                                         | <b>" \$</b> _ | -0                   |                      | 7,965,000 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    | Other (specify)                                                                                                                                                                                                                                                                             | □ \$_         | -0-                  | □ \$_                | -0-       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    |                                                                                                                                                                                                                                                                                             | □ \$_         | -0-                  | . <b>- \$</b> _      | 0-        |
| Column Totals                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |                                                                                                                                                                                                                                                                                             | □ \$_         | 0-                   | . 🗆 \$_              | -0-       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    | Column Totals                                                                                                                                                                                                                                                                               | □ \$_         | -0                   | <b>⊠</b> \$ <u>4</u> | 7,965,000 |

Total Payments Listed (column totals added)

**⊠** \$<u>47,965,000</u>

| •                          |                                                                              |                                                                                                                                                  |                                                          |                                             |
|----------------------------|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------|
|                            |                                                                              | D. FEDERAL SIGNATURE                                                                                                                             |                                                          |                                             |
| following sign             | ature constitutes an undertaking by th                                       | d by the undersigned duly authorized person<br>he issuer to furnish to the U.S. Securities and<br>to any non-accredited investor pursuant to par | Exchange Commission,                                     | upon written request                        |
| Issuer (Print o            |                                                                              | Signature                                                                                                                                        | Date                                                     | •                                           |
| Devron Rene                | wable Energies, LLC                                                          | 100                                                                                                                                              |                                                          | 29.06                                       |
| Name of Sign               | er (Print or Type)                                                           | Title of Signer (Print or Type)                                                                                                                  |                                                          |                                             |
| Robert Sloni               | n                                                                            | Director                                                                                                                                         |                                                          |                                             |
|                            | ι                                                                            | ATTENTION                                                                                                                                        |                                                          | ,                                           |
| Intenti                    | onal misstatements or omission                                               | ns of fact constitute federal criminal                                                                                                           | violations. (See 18 U                                    | J.S.C. 1001).                               |
| 1. Is any pa               | rty described in 17 CFR 230,262 preson                                       | E. STATE SIGNATURE                                                                                                                               | ovisions of                                              | Yes No ⊠                                    |
|                            | Sec                                                                          | e Appendix, Column 5, for state response.                                                                                                        |                                                          | ·                                           |
| 2. The und<br>Form D       | ersigned issuer hereby undertakes to<br>17 CFR 239.500) at such times as req | furnish to any state administrator of any staquired by state law.                                                                                | ate in which this notice                                 | is filed, a notice on                       |
| 3. The under to offere     | ersigned issuer hereby undertakes to fi                                      | urnish to the state administrators, upon writte                                                                                                  | n request, information fu                                | rnished by the issuer                       |
| Limited                    | Offering Exemption (ULOE) of the st                                          | suer is familiar with the conditions that mu<br>tate in which this notice is filed and understant<br>that these conditions have been satisfied.  | st be satisfied to be ent<br>ands that the issuer claimi | itled to the Uniforming the availability of |
| The issuer had undersigned | s read this notification and knows th<br>luly authorized person.             | he contents to be true and has duly caused                                                                                                       | this notice to be signed                                 | on its behalf by the                        |
| Issuer (Print              | or Type)                                                                     | Signature                                                                                                                                        | Date                                                     | _                                           |
| Devron Rene                | wable Energies, LLC                                                          | W/                                                                                                                                               | 1 1(.                                                    | 29.06                                       |

Devron Renewable Energies, LLC Title of Signer (Print or Type) Name of Signer (Print or Type)

Director

Robert Slonim

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

## APPENDIX

| · · · · · · · · · · · · · · · · · · · |                                                | <del></del>                         |                                                                                  | AFFE                                 |                                                                                                      |                                          |        |                |          |
|---------------------------------------|------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------|--------------------------------------|------------------------------------------------------------------------------------------------------|------------------------------------------|--------|----------------|----------|
| 1                                     | Intend to<br>non-acc<br>investors<br>(Part B - | o sell to<br>credited<br>s in State | Type of security and aggregate offering price offered in State (Part C – Item 1) | Type of                              | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E - Item 1) |                                          |        |                |          |
| State                                 | Yes                                            | No                                  |                                                                                  | Number of<br>Accredited<br>Investors | Amount                                                                                               | Number of<br>Non-Accredited<br>Investors | Amount | Yes            | No       |
| AL                                    | 163                                            | 110                                 |                                                                                  | HIVESTOIS                            | Amount                                                                                               |                                          |        |                |          |
| AK                                    |                                                |                                     |                                                                                  |                                      |                                                                                                      |                                          |        |                |          |
| AZ                                    |                                                |                                     |                                                                                  |                                      |                                                                                                      |                                          |        |                |          |
| AR                                    |                                                |                                     |                                                                                  |                                      |                                                                                                      |                                          |        |                |          |
| CA                                    |                                                |                                     |                                                                                  |                                      |                                                                                                      |                                          |        |                |          |
| СО                                    |                                                |                                     |                                                                                  |                                      |                                                                                                      |                                          |        |                |          |
| СТ                                    |                                                |                                     |                                                                                  |                                      |                                                                                                      |                                          |        |                |          |
| DE                                    |                                                |                                     | ·                                                                                |                                      |                                                                                                      |                                          |        |                |          |
| DC                                    |                                                |                                     |                                                                                  |                                      |                                                                                                      |                                          |        |                | !        |
| FL                                    |                                                |                                     |                                                                                  |                                      |                                                                                                      |                                          |        |                |          |
| GA                                    |                                                |                                     |                                                                                  |                                      |                                                                                                      |                                          |        |                |          |
| HI                                    |                                                |                                     |                                                                                  |                                      |                                                                                                      |                                          |        | ļ. <del></del> |          |
| ID                                    |                                                |                                     |                                                                                  |                                      | <del> </del>                                                                                         |                                          |        |                |          |
| IL                                    |                                                | <br>                                |                                                                                  |                                      |                                                                                                      |                                          |        |                |          |
| IN                                    |                                                |                                     |                                                                                  |                                      |                                                                                                      |                                          |        |                |          |
| IA                                    |                                                |                                     |                                                                                  |                                      |                                                                                                      |                                          |        |                |          |
| KS                                    |                                                |                                     |                                                                                  |                                      |                                                                                                      |                                          |        |                | !        |
| KY                                    |                                                |                                     |                                                                                  | 1                                    |                                                                                                      |                                          |        |                |          |
| LA<br>ME                              |                                                |                                     |                                                                                  | -                                    |                                                                                                      |                                          |        |                |          |
| MD                                    |                                                |                                     |                                                                                  |                                      |                                                                                                      |                                          |        | <u> </u>       | -        |
| MA                                    |                                                |                                     |                                                                                  |                                      |                                                                                                      |                                          |        |                |          |
| Mi                                    | <u>.</u>                                       |                                     |                                                                                  |                                      |                                                                                                      |                                          | ļ      |                | <u> </u> |
| MN                                    |                                                |                                     |                                                                                  | <u> </u>                             |                                                                                                      |                                          |        |                |          |
| MS                                    |                                                | -                                   |                                                                                  |                                      |                                                                                                      |                                          |        |                |          |
| L                                     | L                                              | <u> </u>                            |                                                                                  | <u> </u>                             | <u> </u>                                                                                             | <u> </u>                                 | L      | 1              | <u> </u> |

# APPENDIX

| 1     | Intend non-actinvestor | to sell to credited s in State — Item 1) | Type of security and aggregate offering price offered in State (Part C – Item 1) | Type of                              | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E - Item 1) |                                          |             |     |     |
|-------|------------------------|------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------|------------------------------------------------------------------------------------------------------|------------------------------------------|-------------|-----|-----|
| State | Yes                    | No                                       |                                                                                  | Number of<br>Accredited<br>Investors | Amount                                                                                               | Number of<br>Non-Accredited<br>Investors | Amount      | Yes | No  |
| МО    |                        |                                          |                                                                                  |                                      |                                                                                                      |                                          |             |     |     |
| MT    |                        | 1                                        |                                                                                  |                                      | =                                                                                                    |                                          |             |     | 1   |
| NE    |                        | Х                                        | Subordinated<br>Promissory Notes<br>(\$48,000,000)                               | -0-                                  | -0-                                                                                                  | -0-                                      | <b>-</b> 0- |     |     |
| NV    |                        | 1                                        |                                                                                  |                                      |                                                                                                      |                                          |             |     |     |
| NH    |                        |                                          |                                                                                  |                                      |                                                                                                      |                                          |             |     |     |
| NJ    |                        |                                          | -                                                                                |                                      |                                                                                                      |                                          |             |     |     |
| NM    |                        |                                          |                                                                                  |                                      |                                                                                                      |                                          |             |     |     |
| NY    |                        |                                          |                                                                                  |                                      |                                                                                                      |                                          |             |     |     |
| NC    |                        |                                          |                                                                                  | 1                                    |                                                                                                      |                                          |             |     |     |
| ND    |                        | ,                                        |                                                                                  |                                      | ·                                                                                                    |                                          | ·           |     |     |
| ОН    |                        |                                          |                                                                                  |                                      |                                                                                                      |                                          |             |     |     |
| ОК    |                        |                                          |                                                                                  |                                      |                                                                                                      |                                          |             |     |     |
| OR    |                        |                                          |                                                                                  |                                      |                                                                                                      |                                          |             | -   |     |
| PA    |                        |                                          |                                                                                  |                                      |                                                                                                      |                                          |             |     |     |
| RI    |                        |                                          |                                                                                  |                                      |                                                                                                      |                                          |             |     |     |
| SC    |                        |                                          |                                                                                  |                                      |                                                                                                      |                                          |             |     |     |
| SD    |                        |                                          |                                                                                  |                                      |                                                                                                      |                                          |             |     |     |
| TN    |                        |                                          |                                                                                  |                                      | ***                                                                                                  |                                          |             |     | , . |
| TX    |                        |                                          |                                                                                  |                                      |                                                                                                      |                                          |             |     |     |
| UT    |                        |                                          |                                                                                  |                                      |                                                                                                      |                                          | <u> </u>    |     |     |
| VT    |                        |                                          |                                                                                  |                                      | -                                                                                                    |                                          | 1           |     |     |
| VA    |                        |                                          |                                                                                  |                                      |                                                                                                      |                                          |             |     |     |
| WA    | -                      |                                          | ,                                                                                |                                      |                                                                                                      |                                          |             |     |     |
| WV    |                        |                                          |                                                                                  | <u> </u>                             |                                                                                                      |                                          |             |     |     |

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|       |                                                                                |     |                                                                                  | APPI                                 | ENDIX  |                                                |        |     | ÷  |  |
|-------|--------------------------------------------------------------------------------|-----|----------------------------------------------------------------------------------|--------------------------------------|--------|------------------------------------------------|--------|-----|----|--|
| 1     |                                                                                | 2   | 3                                                                                |                                      |        | 5 Disqualification under                       |        |     |    |  |
|       | Intend to sell to<br>non-accredited<br>investors in State<br>(Part B – Item 1) |     | Type of security and aggregate offering price offered in State (Part C – Item 1) | Type of investor and amount purch    |        | Type of investor and amount purchased in State |        |     |    |  |
| State | Yes                                                                            | No_ |                                                                                  | Number of<br>Accredited<br>Investors | Amount | Number of<br>Non-Accredited<br>Investors       | Amount | Yes | No |  |
| WI    |                                                                                |     |                                                                                  |                                      |        |                                                |        |     |    |  |
| WY    |                                                                                |     |                                                                                  |                                      |        |                                                |        |     |    |  |
| PR    |                                                                                |     |                                                                                  |                                      |        |                                                |        |     |    |  |

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